



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

12/21/92

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD986643898

FACILITY NAME -> HERR FOODS INC

MAILING ADDRESS -> PO BOX 300
NOTTINGHAM, PA 19362

INSTALLATION ADDRESS -> 801 BREMEN AVE
EGG HARBOR, NJ 08215

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: MORAN, STEVE
PLT ENGR
HERR FOODS INC
PO BOX 300
NOTTINGHAM, PA 19362

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

FedEx US
United States Environmental Protection Agency

Notification of Regulated Waste Activity

Date Received
(For Official Use Only)

NOV 16 REC'D

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. First Notification

☐ B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NTD 986643898

II. Name of Installation (Include company and specific site name)

HERR FOODS INC

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

801 BREMEN AVE

Street (continued)

City or Town

EGG HARBOR

State

ZIP Code

NJ 08215

County Code County Name

ATLANTIC

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

PO BOX 300

City or Town

NOTTINGHAM

State

ZIP Code

PA 19362

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

MORAN

(first)

STEVE

Job Title

PLANT ENGINEER

Phone Number (area code and number)

215-932-9330

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

☒ PO BOX 300

City or Town

NOTTINGHAM

State

ZIP Code

PA 19362

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

HERR FOODS INC

Street, P.O. Box, or Route Number

PO BOX 300

City or Town

NOTTINGHAM

State

ZIP Code

PA 19362

Phone Number (area code and number)

215-932-9330

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes

No

X

(Date Changed)
Month Day Year

NOV 16 REC'D

ID - For Official Use Only

N 5 0 9 8 6 6 4 8 8 9 8

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☒ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
- ☒ 4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☒ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)
2. Corrosive (D002)
3. Reactive (D003)
4. EP Toxic (D000)



(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

0001 0008 0018

B. Listed Hazardous Wastes. (See 40-CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Steve Moran

Name and Official Title (type or print)

STEVE MORAN PLANT ENGINEER

Date Signed

11/9/92

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

November 27, 1992

Steve Moran
Herr Foods Inc
PO Box 300
Nottingham, PA 19362

Dear Sir/Madam:

The United States Environmental Protection Agency (USEPA), Region II, is returning a copy of your Notification of Regulated Waste Activity (EPA Form 8700-12) for the reason(s) indicated on the enclosed checklist. Please read the marked item(s) carefully and resubmit your form and/or explanation as indicated on the checklist. Re-sign and date your notification form with an original signature in the Certification block before resubmitting.

Please send your documentation and the enclosed checklist to the following address as soon as possible:

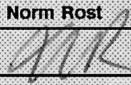
USEPA - REGION II
AIR AND WASTE MANAGEMENT DIVISION
HAZARDOUS AND SOLID WASTE PROGRAMS BRANCH
26 FEDERAL PLAZA, ROOM 1006
NEW YORK, NEW YORK 10278
TELEPHONE NO. 212-264-3384

Please note that we cannot process your request until the corrected and/or additional information is provided to us. If you have any specific questions regarding your submission, please call (212) 264-2014. Thank you for your cooperation.

Sincerely yours,

Norman Rost, Program Management Coordinator
Air and Waste Management Division

Enclosures

2OPM:Lopez:lc:November 13, 1992:		CONCURRENCES								
SYMBOL=>	2AWM-PMC									
SURNAME=>	Norm Rost									
DATE=>										
EPA FORM 1320-1 (12-70)										
OFFICIAL FILE										

DATE: 11-20-92

PLEASE NOTE YOUR CHECKLIST MUST ACCOMPANY YOUR RESUBMITTAL, AND YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND DATED IN THE CERTIFICATION BLOCK.

**CHECKLIST OF REASONS
NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12
CANNOT BE PROCESSED**

Facility Name: Hepp Foods Inc.

- 1) ☐ Name of Installation is incomplete.
- 2) ☐ Location of Installation is insufficient.
Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
- 3) ☐ Installation Mailing Address is incomplete.
- 4) ☒ Ownership information is incomplete.
- 5) ☒ Hazardous Waste Activity under Type of Regulated Waste Activity is incomplete and/or needs further clarification.

☐ Mode of Transportation has been indicated. However, Box a or b of Activity No. 2, Transporter, has not been marked.
Please indicate purpose of transporter activity in Box a or b of Activity 2. If Mode of Transportation was erroneously indicated, please cross out the mark and initial this change.

☒ Activity No. 3, Treater, Storer, Disposer, has been indicated.
Please confirm this designation by returning your form and checklist as requested. Contact your State Environmental Agency in order to submit Part A of your required permit application.
If Activity No. 3 was erroneously indicated, please cross out the mark and initial this change.
- 6) ☐ Certification is insufficient.
Please provide an original signature in the Certification block. Please see the instructions for completing the form for those authorized to sign the certification.
- 7) ☐ Installation Contact is incomplete.
Please provide the contact person's name, job title, and phone number.
- 8) ☒ Installation Contact Address is Incomplete.
- 9) ☐ Description of Regulated Wastes is incomplete.
Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.

10) ____ There is an existing EPA Identification Number for the stated installation at the location address you have specified.

To update any information previously provided, please resubmit your form as a Subsequent Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the requested changes. Please re-sign the form with an original signature in the Certification block.

11) ____ You have submitted a Subsequent Notification form.
Please provide us with a brief explanation of the requested changes.

12) ____ Please use the updated Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.

13) ____ Our records indicate that an EPA ID No. has already been assigned to another facility at the same address which you have provided as your Location of Installation. Please indicate, in the appropriate space(s) below, your facility's relationship to _____

____ The above named facility is in the same building/complex.
Please provide a more detailed address for your facility under Location of Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

____ The above named facility is the current owner of the property.
List the property owner's name and address in the comments section (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

____ The above named facility is the previous owner of the property or prior business.
List the owner's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.

____ The above named facility is the previous operator at this location.

____ Other. Please explain. _____

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

NOV 16 REC'D

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

II. Name of Installation (Include company and specific site name)

HERR FOODS INC

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

801 BREMEN AVE

Street (continued)

City or Town

EGG HARBOR

State

ZIP Code

NJ 08215

County Code

County Name

ATLANTIC

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

PO BOX 300

City or Town

NOTTINGHAM

State

ZIP Code

PA 19362

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

MORAN

(first)

STEVE

Job Title

PLANT ENGINEER

Phone Number (area code and number)

215-932-9330

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

Street, P.O. Box, or Route Number

City or Town

State

ZIP Code

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner
Indicator

(Date Changed)

Month Day Year

Yes

No

NOV 16 REC'D

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☒ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☒ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
- ☒ 3. Treater, Storer, Disposer (at Installation)
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☐ (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
- D001 D008 D018

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Steve Moran

Name and Official Title (type or print)

STEVE MORAN PLANT ENGINEER

Date Signed

11/9/92

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

NOV 30 REC'D

HERR'S

November 25, 1992

Betsy Lopez
US EPA Region II
Air & Waste Management
26 Federal Plaza, Rm 1006E
New York, NY 10278

Dear Betsy:

TTI Environmental, Inc. has informed me that you have not yet received the Notification of Regulated Waste Activity Form. This form was signed, dated, and mailed on November 9, 1992. In order to expedite the waste removal activity, I have signed and dated our copy a second time.

If you should have any questions call me at 215-932-9330.

Thank You!



Steve Moran
Plant Engineer

SM:ltw

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

NOV 30 REC'D

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

II. Name of Installation (Include company and specific site name)

HERR FOODS INC

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

801 BREMEN AVE

Street (continued)

City or Town

EGG HARBOR

State

ZIP Code

NJ 08215-

County Code

County Name

ATLANTIC

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

PO BOX 300

City or Town

NOTTINGHAM

State

ZIP Code

PA 19362-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

MORAN

STEVE

Job Title

Phone Number (area code and number)

PLANT ENGINEER

215-932-9330

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

Street, P.O. Box, or Route Number

City or Town

State

ZIP Code

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner
Indicator

(Date Changed)
Month Day Year

Yes

No

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☒ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☒ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
- ☒ 3. Treater, Storer, Disposer (at Installation)
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
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- ☐ c. Burner - indicate device(s) - Type of Combustion Device
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IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☐

(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

D001 D008 D018

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Steve Moran

Name and Official Title (type or print)

STEVE MORAN PLANT ENGINEER

Date Signed

11/9/92

XI. Comments

Steve Moran

STEVE MORAN

11/25/92

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

TTI ENVIRONMENTAL, INC.

Corporate Office
Evesham Corporate Center • 4 East Stow Road • Marlton, New Jersey 08053-3150
TEL (609) 985-8800 • FAX (609) 985-9200
1-800-228-8018

December 10, 1992

EPA-Region II
Air and Waste Management
26 Federal Plaza
Room 1006E
New York, NY 10278

Attn: Ms. Betsy Lopez, CSC

Re: EPA ID Numbers
J&J Snack Foods
Greenwich Township School
Ris Paper Company
Herr Foods, Inc.

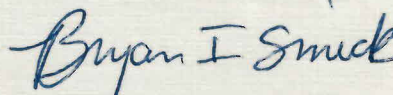
Dear Ms. Lopez:

Attached please find the corrected EPA Notification forms for the referenced facilities. These EPA numbers are needed for drums of gasoline refuse from Underground Storage Tank Cleaning prior to disposal. These facility ID numbers will basically be used for a "one time" disposal. Drums have been at two of these sites since mid summer.

If the EPA could expedite the issuance of the facility ID numbers, TTI would greatly appreciate it.

If you have any more questions or concerns, please do not hesitate to contact me at 1-800-228-8018.

Sincerely,
TTI Environmental, Inc.



Bryan I. Smick
Environmental Project Manager